



Docket No.: 1359.1030

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Chikako MATSUMOTO

Serial No. 09/722,522

Group Art Unit: 2654

Confirmation No. 5990

Filed: November 28, 2000

Examiner: V. Chawan

For: SPEECH DATA COMPRESSION/ EXPANSION APPARATUS AND METHOD

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed September 30, 2004, and having a period for response set to expire on November 30, 2004.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.



S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.		1359.1030			
		Application Number		09/722,522			
		Filing Date		November 28, 2000			
		First Named Inventor		Chikako MATSUMOTO			
		Group Art Unit		2654			
AMOUNT ENCLOSED		0.00		Examiner Name		V. Chawan	
FEE CALCULATION (fees effective 10/01/03)							
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations		
TOTAL CLAIMS	19	- 20 =	0	X \$ 18.00 =	\$ 0.00		
INDEPENDENT CLAIMS	12	- 12 =	0	X \$ 88.00 =	0.00		
Since an Official Action set an original due date of November 30, 2004, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$110)); (2 months (\$430)); (3 months (\$980)); (4 months (\$1,530)); (5 months (\$2,080)):							
If Notice of Appeal is enclosed, add (\$340.00)							
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$110.00)							
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)							
Total of above Calculations =						\$ 0.00	
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)							
TOTAL FEES DUE =						\$ 0.00	
(1) If entry (1) is less than entry (2), entry (3) is "0".							
(2) If entry (2) is less than 20, change entry (2) to "20".							
(4) If entry (4) is less than entry (5), entry (6) is "0".							
(5) If entry (5) is less than 3, change entry (5) to "3".							
METHOD OF PAYMENT							
<input type="checkbox"/> Check enclosed as payment.							
<input type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below.							
<input checked="" type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).							
GENERAL AUTHORIZATION							
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP							
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.							
SUBMITTED BY: STAAS & HALSEY LLP							
Typed Name		H. J. Staas		Reg. No.		22,010	
Signature				Date		Nov. 8, 2004	